



New Hampshire
Racing and Charitable Gaming Commission
21 S. Fruit Street, Suite 16
Concord, New Hampshire 03301-2428
Telephone (603) 271-2158 Fax (603) 271-3381
<http://www.racing.nh.gov>

Date _____
License# _____
Clerk _____

Supplemental Application Form for **Pari 605.21 & 23**

Admissions*, Food Concession*, Mutuel* & Maintenance Department Personnel

Position Applied For: _____ 20 _____

1. Full Name: _____
AS IT APPEARS ON LINE 1 OF YOUR OCCUPATIONAL LICENSE APPLICATION PARI 605.05

2. Name, address, and telephone number of the person, corporation or association licensed under RSA 284:15 recommending the applicant for occupational licensure; Signature must be included below, before being processed.

* Answer Question # 3 if you are applying for licensure in Admissions, Food Concession or the Mutuel Department.

3. Are you able to make change and balance accounts? ☐ Yes ☐ No ☐ N / A

******* PLEASE NOTE *******

I hereby certify that the information provided on this application form is true, accurate and complete; and I acknowledge that, pursuant to RSA 641:3, making a false statement on this application form is punishable as a crime.

SIGNATURE of Person or Duly Authorized Representative Listed In Question (2)

APPLICANT'S SIGNATURE

Date of Signature

Date of Signature